

South Carolina Department of Health and Human Services

DEVELOPMENT OF BURIAL EXCLUSION

NAME OF APPLICANT/BENEFICIARY:

HOUSEHOLD NUMBER:

1. NAME(S) OF PERSON(S) TO BE BURIED (Applicant/Beneficiary and/or Spouse):

2. AMOUNT OF FUNDS SET ASIDE IN A PRE-NEED BURIAL CONTRACT AND LOCATION OF SUCH CONTRACT:

A COPY OF THE CONTRACT MUST BE SUBMITTED IN ORDER TO DETERMINE IF ANY PORTION OF THE CONTRACT CAN BE EXCLUDED.

3. AMOUNT OF OTHER FUNDS SET ASIDE FOR BURIAL: _____. FORM IN WHICH THE FUNDS ARE SET UP - NAME OF BANK OR FINANCIAL INSTITUTION, TYPE OF ACCOUNT, ACCOUNT NUMBER, NAME OF LIFE INSURANCE COMPANY AND POLICY NUMBER(S), ETC:

4. BURIAL SPACE(S) – NAME OF CEMETERY, PLOT NUMBER, FOR WHOSE USE ANY SPACES ARE INTENDED:

I UNDERSTAND THAT IF ANY EXCLUDED BURIAL FUNDS ARE USED FOR ANY PURPOSE EXCEPT BURIAL, AN AMOUNT EQUAL TO THE AMOUNT USED FOR SOME OTHER PURPOSE WILL BE COUNTED AS A RESOURCE IN DETERMINING ELIGIBILITY FOR ASSISTANCE.

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I HAVE DELIBERATELY GIVEN ANY FALSE INFORMATION OR HAVE WITHHELD ANY INFORMATION REGARDING MY SITUATION I AM LIABLE FOR PROSECUTION FOR FRAUD AND/OR PERJURY.

SIGNATURE OF APPLICANT/BENEFICIARY:		DATE:	
SIGNATURE OF RESPONSIBLE PERSON/AUTHORIZED REPRESENTATIVE		DATE:	
WITNESS:	DATE:	WITNESS:	DATE:
SIGNATURE OF MEDICAID ELIGIBILITY WORKER :		DATE:	

INSTRUCTIONS FOR COMPLETING
DHHS FORM 1766A ME

PURPOSE: DHHS Form 1766A ME, Development of Burial Exclusion, is designed for documentation of assets set aside for burial. This information should be obtained on all applications and/or when burial exclusions are developed or changed.

COMPLETION: This form may be completed by the Medicaid eligibility worker or the applicant/beneficiary but should always be reviewed by the worker for clearness and legibility. The form is to be completed in duplicate. All items to be completed are self-explanatory.

DISTRIBUTION: Original should be filed in case record; copy should be given to the applicant/beneficiary.